Summary – Secure Recovery Residence (SRR) Planning Meeting
June 25, 2009
Appalachian Gap Room, Osgood Building, Waterbury Complex

Persons Present – Jean New, David Gallagher, Consumers; Laura Flint, Beth Tanzman, Trish Singer, Judy Rosenstreich, Bill McMains, Norma Wasko, DMH; Joanna Cole, Cathy Rickerby, NAMI-VT; Anne Donahue, Legislator; Patrick Kinner,VSH.

Purpose of Meeting – To briefly review draft documents earlier posted on DMH website related to values statements and initial conceptualization of clinical programming for the SRR. To address specific questions regarding spatial use of the building needed by the architects to develop the initial draft program of space and preliminary sketches by mid July.

Results of Brief Review of Recovery Programming Documents
Prior to and during this discussion, Dr. McMains pointed out that these documents will be reviewed and content discussed in depth at a future meeting. What was needed today was primarily consideration of ideas that specifically impact architectural design. Did, however, want to note items that should be corrected as we identify them. Following edits were suggested:
-Need to add to *Futures Planning Principles* - Document #2—that programming will include good practices, not committed to evidence based practice exclusive of other approaches.
-Add statement that privacy and confidentiality are respected and enforced.
-In *Core Clinical & Recovery Strategies* – Document #3 – need to discuss further the implications of the language and sources used in the document (reference specific example p. 2 full Notes.)
-Should include developing patient crisis plans as part of treatment planning.
-In Document #4 – *Importance of Environmental Design*, need to clarify that laundry facilities should be designed so that residents could use it themselves, just not one in each cluster.
-In Document # 5 – *Safety and Recovery* –need to recommend that quiet rooms or comfort rooms should not be located next to a seclusion room.

Results of Discussion of Key Questions Related to Next Steps of Architectural Design Process

-What is right size and number of living clusters? What activities will take place there?
1. The space should support home activities. Be private and cozy.
2. Should permit balancing withdrawal and privacy with learning how to live with, negotiate relationships with other people. Should not be turned into a programming space.
3. Staff should be near, but not too close. Need to give residents space. Should have line of sight into all clusters.
4. Sub-clusters of 6 bedrooms, or more than 3 can be very challenging. A design of 5,6, or 4 would permit having one or two bedrooms that could open out, either directly into the sub-cluster (as opposed to sharing a common hall with another bedroom), or into the central staffed area. This would permit a one-room suite that could become part of a cluster. It would also address the need for flexible design for individuals who require a greater degree of separation from other people.

How many comfort rooms are needed and where should they be located?
1. Need two – one in the work area and another near the residential spaces. Should be easily accessible to all 15 residents. Two would suffice since clusters would each have a sitting room and a living room that would permit people to separate. Sitting rooms could not serve the function of a comfort room, however. Comfort rooms are for one person. A sitting room is for more than one person. The location of the comfort room should consider the idea of the "middle area" that all people have access to—"the little house."

How do work and education translate into space needs of this building?
1. Tricky because may have 15 individual work preferences that will change over time. Building space will be limited. There are 3 different kinds of work: (1) Work that could be brought in as designated jobs; (2) work that could develop from things that people make such as arts and crafts and sell; (3) the normal maintenance work of the residence, part of living there --- the clubhouse model. Will need space capable of supporting a wide variation of use. Have to be careful not to be boxed into rigid space requirements.
2. Need highly flexible space that can support up to 5 different concurrent activities with staff – groups of 3-5 residents with staff at any given time. May rarely have 10 residents involved simultaneously in any one activity. Space should be able to be enlarged or made smaller according to the needs of the activities. Class room may at times be work areas and vice versa. Same concept for larger public rooms.
3. Storage room size and location for a wide range of work and educational materials, tools and supplies will be important. Safety and access are important considerations.
4. Library should be a quiet area but should support multi-media use. Need to think of classes and library-multi-media use as a type of work. Library could function as a place to learn work skills during the day and the evening would serve recreational purpose. Should be able to access from the residential side. Would be a common, bridging room.
5. Unresolved issue: how to maximize space flexibility without enlarging maximum square footage of the building.

How many Seclusion and Restraint Rooms are needed and where should they be located?
Culturally and clinically a key program objective of the SRR will be zero use of the S&R room. However, for a variety of reasons, will need S&R capacity to exist. It should be designed to manage situations in which 2 people at a time might require this function. Results of the discussion:
1. If there are two comfort rooms, need only one seclusion and restraint room.
2. The seclusion and restraint room should not be located near comfort rooms and should permit easy access by residents and staff.

Next Meeting of the Recovery Program Planning Group: September 15, 10:00 a.m. to 1:00 p.m., Corrections Chapel Conference Room, Waterbury Office Complex. The agenda will address:
> -Role of Peers
> -Trauma-specific practices
> -Skills for daily living and recovery

DMH will send out a reminder e-mail with the link to session materials on the DMH website in advance of the meeting.